About the MEPS Authorization Form

Medical Expenditure Panel Survey

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services

MEPS
Medical Expenditure Panel Survey

Questions about **participating** in the Medical Expenditure Panel Survey (MEPS)

Q. I've already given you this information. Why do you need to contact my health care providers?

A. We contact health care providers for additional information about your health care services and prescribed medicines. They are also asked about the charges for their services and whether those charges were paid for out of pocket, by insurance, or by another source. Their answers supplement the information you have given and make MEPS data more complete and useful to researchers.

Q. My providers are very busy. Isn't this a bother to them?

A. Your signature on an authorization form simply gives your doctor, hospital, or pharmacy the opportunity to participate in the study if they choose. It allows them to make their own decisions. Our experience indicates that most health care providers are willing to participate in important research such as MEPS. Usually, an office staff person can provide the requested information and the pharmacist can produce a simple computer printout.

Q. Will this affect my Medicare, Medicaid, VA benefits, or any other public assistance I am receiving?

A. No. Signing or not signing this authorization form will not affect your eligibility for any program benefits.

Q. How will you contact my doctor, hospital, or pharmacy?

A. Most providers will be contacted by telephone. Usually, a clerk in your doctor's office or hospital will be able to provide the information we request. Pharmacies often have a simpler approach—they print out a computerized summary of medications prescribed for you.

Q. Will my doctor (or pharmacist) bill me for the time he or she spent participating in this survey?

A. No. If a doctor, hospital, or pharmacy has a policy of charging for the information we request, MEPS will pay this charge directly.

As part of your household's participation in this important survey, MEPS is asking for authorization to contact your family's health care providers to supplement the information given to us during the in-person interviews. In order to contact the medical providers and pharmacies used by members of your household, we need to have the enclosed authorization forms signed.

The information we receive from these providers will allow researchers to better understand how your family's health care needs are being met and paid for. For example, we will obtain additional information about services received from medical providers, prescriptions filled or refilled from pharmacies, and sources that helped pay for your health care.

Any medical provider or pharmacy has the right to refuse to participate, just as you do. However, our experience has been that most doctors, hospitals, and pharmacies are very willing to provide this information if they know that the patient has signed an authorization form.

Thank you for your support of this important research effort.

Sincerely,

Joel W. Cohen
Director
Center for Financing, Access and Cost Trends
Agency for Healthcare Research and Quality

Questions about the **authorization forms**

Q. How do I sign my authorization forms?

A. In an effort to go paperless, reduce burden, and maximize security, we provide two options for electronically signing MEPS authorization forms.

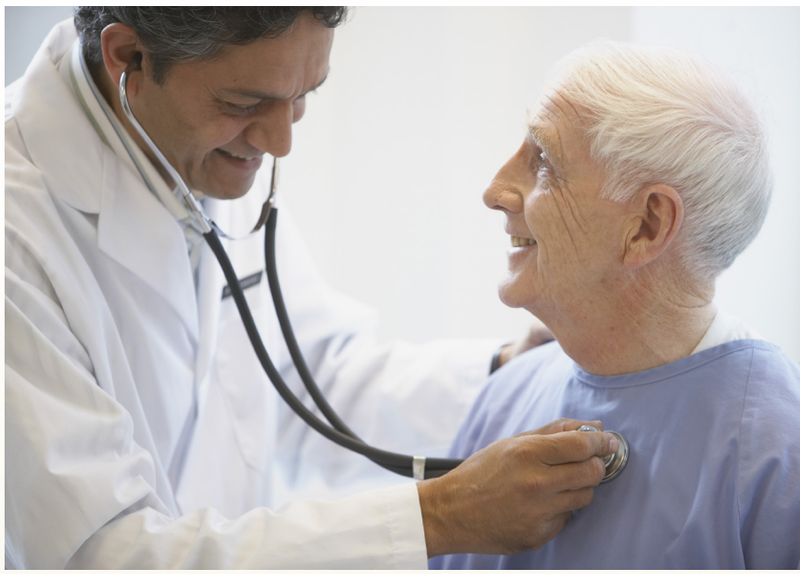
Household members who are present during the interview may sign their forms electronically on the laptop.

Household members who are not present during the interview may use DocuSign. DocuSign is an electronic method for signing forms and documents at your convenience using a smartphone, tablet, or computer. If it is determined that you are eligible to use DocuSign, you will receive an email or text message with a link to your pre-filled forms and easy instructions to sign where indicated. (See DocuSign authorization form instructions.)

Paper forms may be signed if DocuSign is not an option or if you prefer not to sign the authorization forms electronically. If paper forms are left to be signed by someone not present during the interview, your interviewer will schedule a time to return and pick up the signed forms. (See paper authorization form instructions.)

Q. If I have technical issues signing the form, who do I contact?

A. If you have any questions about the authorization form, please call Alex Scott at 1-800-945-MEPS (6377) or email at AlexScott@westat.com.



*...information released to MEPS **is protected** by the Public Health Service Act...*

Q. How is my signature protected after I sign?

A. There are built-in security measures to maintain data confidentiality and prevent unauthorized access.

Q. Why does this form have an expiration date that is past the period of time you are interested in?

A. This is only to allow enough time for contact with all of the health care providers in this survey. Large surveys such as this take time.

Paper authorization form instructions

Please follow these instructions as you review and sign paper authorization forms in black ink.

A

- Check the name and address of the hospital, pharmacy, or other medical provider.
- If any information is not correct, please make changes and initial each correction.

B

- Read the statement.
- On the form that you sign, these dates will represent the 2-year reference period for which we are collecting data, based on the year you began MEPS.

C

- Check the patient's name and date of birth.
- If any information is incorrect, please make changes and initial each correction.
- If your records might be filed under another name (a maiden name or alternate spelling), please complete Item 3.

D & **E**

AUTHORIZATION TO OBTAIN INFORMATION FROM MEDICAL AND BILLING RECORDS
MEDICAL EXPENDITURE PANEL SURVEY –
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

A. Provider Name: Holy Cross Hospital
Street Address: 415 N. Lexington Ave.
City: Lexington State: MD Zip: 20670
Telephone: (301) 555 - 6011
Area Code

B. I am voluntarily participating in the Medical Expenditure Panel Survey (MEPS), a study of health care use and expenses being conducted by the U.S. Department of Health and Human Services. I authorize and request that you provide the U.S. Department of Health and Human Services and its contractors with medical and financial information they request about all health services provided to me during the period January 1, 2021 to December 31, 2022. This authorization form covers any care I received at your facility during this period, including treatment for mental health, alcohol, drug abuse, STD, HIV, AIDS, or Sickle Cell Anemia. It also covers care I received during this period from any medical provider associated with your facility or who provided care to me in your facility.

I understand that the Health Insurance Portability and Accountability Act of 1996 (HIPAA)(1) prohibits you from releasing my information without my authorization. This form (or a photocopy of this form) gives you my authorization. I have signed this form voluntarily, with the understanding that my decision to sign or not to sign the form will have no effect on my eligibility for treatment, payment, enrollment, or eligibility for any benefits to which I am entitled.

I understand that the Department of Health and Human Services and its contractors will use this information to supplement the information I have already given for MEPS research on health care use and expenditures. I also understand that once my information is released to the study, it is no longer covered by HIPAA but is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)], which provide that information that could identify me will not be disclosed unless I have consented to that disclosure.

I authorize the study to use information I have given in the survey to help you identify my records. I also understand that I can revoke this authorization at any time by contacting a study representative in writing or by telephone, but that my revocation will not affect disclosures already made by a provider relying on my authorization. Otherwise, this authorization expires 30 months from the date of signature.

C. 1. Patient Name: Ellen F. McBride
2. Date of Birth 6 / 15 / 1957
Month Day Year
3. Other Names Under Which Records May be Filed: Ellen Fitzhugh

D. 4. Ellen F. McBride
Patient's Signature - 14 and over sign
5. Date Signed April 2, 2021

IF PATIENT IS 14-17, BOTH PATIENT AND PARENT/GUARDIAN MUST SIGN AND DATE.

E. 6. _____
Parent, Guardian, Witness or Proxy's Signature
7. Date Signed _____
8. _____
Signer's Relationship to Patient
9. Reason for Parent, Guardian, Witness or Proxy's Signature:
☐ Patient 13 or Younger ☐ Patient Disabled/Institutionalized
☐ Patient 14-17 Years Old ☐ Patient Deceased

FIELD USE ONLY: RU ID: 2300001 7A REGION: A PROVID: 0062 PID: 101

(1) Health Insurance Portability and Accountability Act: 42 U.S.C. 1320d-2 and 1320d-4 and the implementing regulation, 45 CFR 164.508, require a detailed authorization for your health care provider to disclose health information from your records for research purposes.

Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0118) AHRQ, 5600 Fishers Lane Room #07W42, Rockville, MD 20857.

Source: Filled-in example paper Authorization Form.

- **Who should sign the form?**

IF PATIENT IS:	THEN FORM SHOULD BE SIGNED BY:
a. Age 18 or older	Only patient for Items 4 and 5, unless one of d-f below applies
b. Age 14 through 17	Patient and parent or guardian (Items 4-9)
c. Age 13 or younger	Parent (Items 6-9)
d. Unable to sign name but able to make mark	Witness (Items 6-9)
e. Deceased	Proxy (Items 6-9)
f. Unable to sign name or make mark	Proxy (Items 6-9)

- Paper authorization forms have been left for: _____

DocuSign authorization form instructions

Please follow these instructions to sign authorization forms in DocuSign. The link to your authorization form(s) will be sent via email and/or text message. For text messaging, please first respond to the text from DocuSign confirming that you are willing to receive links to forms via text message.

A

- Check the box next to "I agree to use electronic records and signatures" and click the "Continue" button.
- Click the "Start" button to review the forms.
- Check the information on the form, including name and address of the hospital, pharmacy, or other provider. Contact Alex Scott at 1-800-945-MEPS (6377) with any changes.

B

- Read this section.

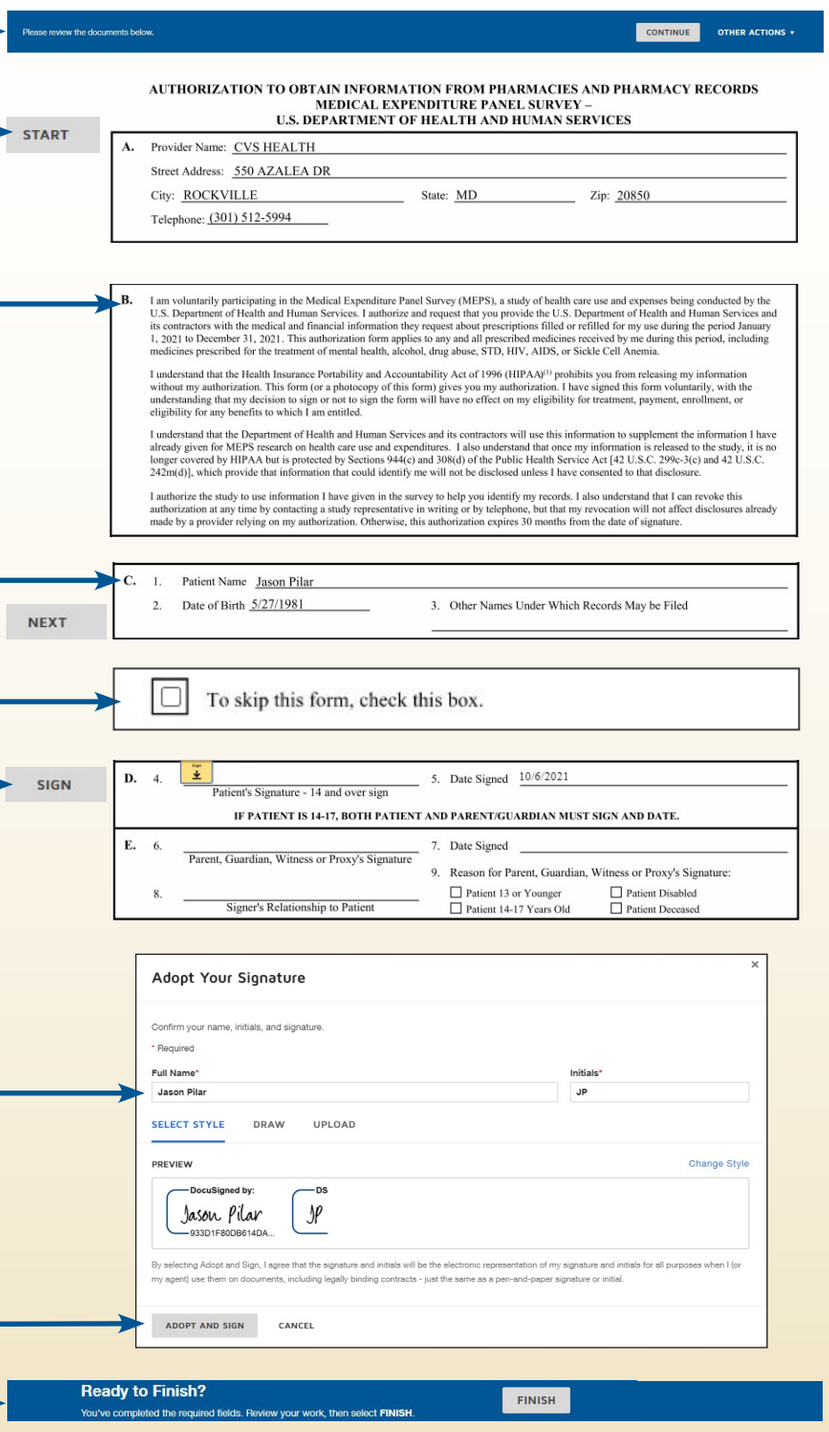
C

- Check the patient's name, date of birth, and alternate names/spellings.

If any information is incorrect, check "To skip this form, check this box" at the bottom of the page.

D & **E**

- Click the "Sign" button in the highlighted section.
- Confirm your legal name and initials, or "Draw" your signature.
- Click the "Adopt and Sign" button.
- Once each form is signed, click the "Finish" button.



Special instructions for the parent/guardian of a teen age 14 through 17:
The signing parent/guardian will receive authorization forms for the teen to the contact information on file for that parent/guardian. Two emails will be sent to the parent/guardian (one for the parent/guardian, and one for the teen). Forms should be signed only by the person addressed on the first page of the DocuSign authorization form file.

If you have any questions or technical issues, please call Alex Scott at 1-800-945-MEPS (6377) or email AlexScott@westat.com.

- DocuSign forms will be sent to: _____

Confidentiality is primary

Q. Who must sign the authorization forms?

A. Authorization forms for adults must be signed by the person who received the services from the provider or pharmacy named in Box A of the authorization form. For teens age 14 through 17, both the teen who received the services and a parent/guardian must sign the form. For children age 13 or younger, only a parent or guardian must sign the authorization form.

Q. What if I change my mind?

A. You can revoke an authorization at any time by contacting the MEPS study. You can contact the study by telephone by calling 1-800-945-MEPS (6377). You can contact the study by mail at the following address:

Medical Expenditure Panel Survey
Attn: Alex Scott
c/o Westat
1600 Research Blvd., Room RE 363
Rockville, MD 20850

If you decide to revoke an authorization, we will stop any efforts to contact that provider. If the provider already has given us information about you, we will erase that information from the study records—unless it is already incorporated into research files in which you cannot be identified.

Q. Why do you need this form?

A. Your providers cannot release information about you to a study like MEPS without your written authorization. The Health Insurance Portability and Accountability Act, or HIPAA for short, sets guidelines for the authorization forms that must be signed to allow a provider to release health care information. The MEPS authorization form follows these guidelines.

Q. How do you protect my information?

A. Just like the information you have already given to the MEPS interviewer, any information your provider gives us will be protected by the Privacy Act and Section 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. The confidentiality of your responses to this survey is protected by Section 944(c). Information that could identify you will not be disclosed unless you have consented to that disclosure.

The HIPAA law creates additional protection for personal health information held by medical providers and pharmacies. But HIPAA protections end when the information is released to others. When information is released to MEPS, the requirements of the Public Health Service Act provide continuing assurance of confidentiality.

This information provides a critical link to understanding how we use and pay for health care in the US.

Protecting your personal health information

Q. What information will you tell my doctor (or pharmacist) about me?

A. To allow medical and pharmacy staff to identify your records, we will provide your name, date of birth, and the signed authorization form. We also will share other information such as your address or name of the policyholder for your health insurance, if needed, to help a doctor or hospital identify the correct records.

Q. Why do you need to contact my psychiatrist? That information is too personal.

A. Should they choose to participate in the study, psychiatrists, like other doctors, will be asked about the costs, dates, diagnoses, and type of service they provide. They will not be asked about treatment details.

Q. My children have advised me not to sign anything. Why should I?

A. A vital part of the research is directed at understanding the special health care needs of older Americans. Many research groups use the results of this survey in their attempts to improve access to medical care for older people. We understand that your children only want to protect you. If they have a particular concern that we could address, the interviewer will be happy to talk to them or they can call Alex Scott at 1-800-945-MEPS (6377).

Research groups use the results of this survey in their attempts to improve access to medical care for older people, veterans, minorities, and children.

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If you have questions about how to complete these forms, please call Alex Scott, a survey representative, at this toll-free number:

1-800-945-MEPS (6377)

OMB #0935-0118

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